

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of \$1,025.00 for dates of service 05/17/01 through 10/15/01 per corrected Table date stamped 10/24/02.
- b. The request was received on 05/07/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution dated 06/11/02
 - b. HCFA(s)
 - c. Medical Records
 - d. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Based on Commission Rule 133.307 (g) (4), the Division notified the insurance carrier Austin Representative of their copy of the request on 06/26/02. The Respondent did not submit a response to the request. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
3. Notice of Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The requestor states in the correspondence dated 06/11/02 that...
"We expect that the TWCC Finding & Decision indicate that the services rendered to (Claimant) are according to treatment guidelines."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 05/17/01 and extending through 10/15/01.
2. No EOBs were found in the case file, so the decision will be based upon a Fee.
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
05/17/01 05/18/01 10/15/01	99213-25 99213-25 99213	\$50.00 \$50.00 \$50.00	\$0.00 \$0.00 \$0.00	No EOB No EOB No EOB	\$48.00	MFG E/M GR (IV)(C)(2) CPT descriptor	E/M GR indicates the appropriate level of service is based on; “ ...TWO OF THE THREE KEY COMPONENTS (as set out in the descriptors) shall meet or exceed the stated requirements to qualify for a particular level of E/M services: office, established patient; ...” “Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of the three key components: an expanded problem focused history; an expanded problem focused examination; medical decision of low complexity.” Medical documentation indicates that the services were rendered. Therefore, reimbursement is recommended in the amount of \$144.00 .
05/17/01 05/18/01	97010-76 97010-76	\$15.00 \$15.00	\$0.00 \$0.00	No EOB No EOB	\$11.00	MFG MGR (I)(A)(10) CPT descriptor	For the DOS in dispute, no EOBs were submitted; therefore, the charges will be decided as an “F”. The provider billed in accordance with MFG MGR and reimbursement is recommended in the amount of \$22.00. (\$11.00 each 15 minutes x 2) Total reimbursement for the dates of service is \$22.00 .
05/17/01 05/18/01	97014-76 97014-76	\$15.00 \$15.00	\$0.00 \$0.00	No EOB No EOB	\$15.00	MFG MGR (I)(A)(10) CPT descriptor	For the DOS in dispute, no EOBs were submitted; therefore, the charges will be decided as an “F”. The provider billed in accordance with MFG MGR and reimbursement is recommended in the amount of \$30.00. (\$15.00 each 15 minutes x 2) Total reimbursement for the dates of service is \$30.00 .
05/17/01 05/18/01	97035-76 97035-76	\$22.00 \$22.00	\$0.00 \$0.00	No EOB No EOB	\$22.00	MFG MGR (I)(A)(10) CPT descriptor	For the DOS in dispute, no EOBs were submitted; therefore, the charges will be decided as an “F”. The provider billed in accordance with MFG MGR and reimbursement is recommended in the amount of \$44.00. (\$22.00 each 15 minutes x 2) Total reimbursement for the dates of service is \$44.00 .
05/17/01	97124-76	\$28.00	\$0.00	No EOB	\$28.00	MFG MGR (I)(A)(10) CPT descriptor	For the DOS in dispute, no EOBs were submitted; therefore, the charges will be decided as an “F”. The provider billed in accordance with MFG MGR and reimbursement is recommended in the amount of \$28.00. (\$28.00 each 15 minutes) Total reimbursement for the date of service is \$28.00 .
05/18/01	97250-76	\$43.00	\$0.00	No EOB	\$43.00	MFG MGR (I)(A)(10) CPT descriptor	For the DOS in dispute, no EOBs were submitted; therefore, the charges will be decided as an “F”. The provider billed in accordance with MFG MGR and reimbursement is recommended in the amount of \$43.00. (\$43.00 each 15 minutes) Total reimbursement for the date of service is \$43.00 .

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08/17/01	97112	\$70.00	\$0.00	No EOB	\$35.00	MFG MGR	<p>For the DOS in dispute, no EOBs were submitted; therefore, the charges will be decided as an "F".</p> <p>"Procedures (Supervision by the doctor or HCP, in either a group (97150) or one-to-one (97110-97139) setting is required."</p> <p>The notes are descriptive of modalities performed, length of procedures, and response from injured worker on how the therapy session helped the claimant.</p> <p>However, the SOAP notes do not support any clinical (mental or physical) reason as to why the patient could not have performed his exercises in a group setting, with supervision, as opposed to one-to-one therapy. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution Division indicate overall deficiencies in the adequacy of the documentation of this code. The disputes indicate confusion regarding what constitutes "one-on-one."</p> <p>The Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service.</p> <p>Medical documentation indicates that the services were rendered and billed according to the CPT descriptor. Therefore, reimbursement is recommended in the amount of \$175.00. (\$35.00 x 5). The provider billed in accordance with MFG MGR and reimbursement is recommended in the amount of \$175.00.</p> <p>Total reimbursement for the dates of service is \$175.00.</p>
08/20/01		\$70.00	\$0.00	No EOB	(each 15	(I)(A)(10)	
09/12/01		\$70.00	\$0.00	No EOB	minutes)	CPT descriptor	
10/03/01		\$70.00	\$0.00	No EOB			
10/05/01		\$70.00	\$0.00	No EOB			

08/17/01	97530	\$70.00	\$0.00	No EOB	\$35.00	MFG MGR	<p>For the DOS in dispute, no EOBs were submitted; therefore, the charges will be decided as an "F".</p> <p>"Procedures (Supervision by the doctor or HCP, in either a group (97150) or one-to-one (97110-97139) setting is required."</p> <p>The notes are descriptive of modalities performed, length of procedures, and response from injured worker on how the therapy session helped the claimant.</p> <p>However, the SOAP notes do not support any clinical (mental or physical) reason as to why the patient could not have performed his exercises in a group setting, with supervision, as opposed to one-to-one therapy. Recent review of disputes involving CPT Code 97110 by the Medical Dispute Resolution Division indicate overall deficiencies in the adequacy of the documentation of this code. The disputes indicate confusion regarding what constitutes "one-on-one."</p> <p>The Medical Review Division has reviewed the matters in light of all of the Commission requirements for proper documentation and concludes, there is insufficient documentation to allow reimbursement beyond one unit on each date of service.</p> <p>Medical documentation indicates that the services were rendered and billed according to the CPT descriptor. Therefore, reimbursement is recommended in the amount of \$175.00. (\$35.00 x 5). The provider billed in accordance with MFG MGR and reimbursement is recommended in the amount of \$175.00.</p> <p>Total reimbursement for the dates of service is \$175.00.</p>
08/20/01		\$70.00	\$0.00	No EOB	(each 15	(I)(A)(10)	
09/12/01		\$70.00	\$0.00	No EOB	minutes)	CPT descriptor	
10/03/01		\$70.00	\$0.00	No EOB			
10/05/01		\$70.00	\$0.00	No EOB			
Totals		\$1,025.00	\$0.00				The Requestor is entitled to reimbursement in the amount of \$661.00 .

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$661.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 28th day of October 2002.

Michael Bucklin
 Medical Dispute Resolution Officer
 Medical Review Division

MB/mb